

**DISCLOSURE SUMMARY PAGE****COMMITTEE NAME** (Must be same as on Statement of Organization)Citizens for Pate Committee**IMPORTANT:** Indicate type of committee you are reporting for: 4(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
(8) Support Slate of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party

Office Sought

District (if Senate or House)

**FORM  
DR-2**

(Rev. 07/2003)

**DISCLOSURE  
REPORT****For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

SIGNATURE OF TREASURER (or person filing this report)

319-373-0332  
TELEPHONE11-30-03  
DATE SIGNED**Late filed reports are subject to possible civil and criminal penalties.****SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A 12-01-03 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date)Indicate one ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

11-4-03County & Local Committees, enter County in  
which Election is heldLINN**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held  
by the committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period, or must be zero if this is first report filed.)\$ 4860.94**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

4888.12

Schedule F: Loans Received total (Attach Schedule F) .....

—

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

—**(Schedule H applies to Candidates' Committees Only)****SUB-TOTAL** .... \$9749.06**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)....

1666.23

Schedule F: Loan Repayments total (Attach Schedule F) .....

2000.00**CASH ON HAND** at the end of this reporting period (if final report, balance must  
be zero) (Attach DR-3) .....\$ 6082.83**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) .....

\$

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....

\$

350.00**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....

\$

**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☒ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) <u>Citizen for Pate Committee</u>	
IMPORTANT: Indicate type of committee you are reporting for: <u>4</u>	
(1) Statewide/Legislative Candidate, (2) Statewide PAC (3) State PAC (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County Central Committee (8) Support State of Candidates	
CANDIDATE COMMITTEES ONLY:	
Candidate Name <u>JAN 5 2004</u>	Political Party
Office Sought <u>FILED</u>	District (if Senate or House)

FORM <b>DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Jane A. Pate  
SIGNATURE OF TREASURER (or person filing this report)

319-373-0332  
TELEPHONE

12-31-03  
DATE SIGNED

**Late filed reports are subject to possible civil and criminal penalties.**

### SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A \_\_\_\_\_ REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date)

Indicate one ☐

☒ CHECK IF AMENDMENT TO REPORT DATED 12-01-03

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>11-04-03</u>
County & Local Committees, enter County in which Election is held <u>LINN</u>

### STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 4860.94

#### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

5888.12

Schedule F: Loans Received total (Attach Schedule F)

—

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

—

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

\$ 10,749.06

#### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1666.23

Schedule F: Loan Repayments total (Attach Schedule F)

2000.00

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 7082.83

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

#### CANDIDATE COMMITTEES ONLY:

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

☐ YES ☐ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTS

☒ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens for Pate*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/28/03	ID# 6125 CK# 2246	Iowa Reactors PAC 1370 NW 114 <sup>th</sup> St Clive, Ia 50325	—	\$ 1000 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

**TOTAL (if last page of this schedule)**

\$  
\$ 1000<sup>00</sup>

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens for Pate Committee*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-30-03	ID# CK#	Bruce Altoyer 2120 Gehlens Bully SE Cedar Rapids, Ia	—	\$ 250 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Doug & Mary Bean 421 27th Ave SW - CR	—	50 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Tom & Jan Borst 2245 6th Ave - Maun	—	100 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Emmeanne & David Ealey 4116 Fairbrook Dr. NE CR	—	25 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Chuck & Jean Finnegan 3877 Green Castle Ave SW Oxford, Ia	—	100 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Maun Koertz 167 Kyrie SE - CR	—	100 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Dale & Ann Rebersen 704 Beaver Ridge Ct SE CR	—	75 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Dan Shies 3102 Parkview Ct SE CR	—	250 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Fred Jenko PO Box 5513 CR	—	100 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Doug Kohrutek 2920 Blue Ridge Ct NE CR	—	100 <sup>00</sup>	<input type="checkbox"/>

SUB-TOTAL

\$ 1150<sup>00</sup>

**TOTAL (if last page of this schedule)**

\$

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Page 1 of 5  
(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Pate Committee*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
10-30-03	ID# CK#	David Umsting 308 Cinders Ln SE CR	—	\$ 75 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Steve & Ann Krierim 2241 Linden Dr SE CR	—	50 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Steve & Mary Eganson 3805 Tama St SE CR	—	100 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	George & Mary Lang 2208 Beaver Ave SE CR	—	50 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Ed & Mary Boxa 4910 Beverly Rd SW CR	—	25 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Del & Delores Black 3407 Liverpool Circle NE CR	—	25 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Tony & Magda Golobic 340 27th St Dr. SE CR	—	250 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Francis Frangipane 1275 East Knell Drive Robins, Ia	—	50 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	John & Cindy Bender 5630 Woodbridge West manor	—	100 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Tom & Nancy Kithen 2658 Rainer St NE CR	—	100 <sup>00</sup>	<input type="checkbox"/>

SUB-TOTAL

\$ 825<sup>00</sup>

TOTAL (if last page of this schedule)

\$

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Page 2 of 5  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens for Pate Committee*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-30-03	ID# CK#	Andre' & Jean Hallet 3021 Creek Dr. NE CR	—	\$ 50 <sup>00</sup>	<input type="checkbox"/>
10-30-03	ID# CK#	Mailing Services Inc. 200 50 <sup>th</sup> Ave Dr SW CR (Refund on Acct)	—	98 <sup>12</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Jim & Jane Arneson 111 Cottage Grove Ave CR	—	100 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Bob & Sue Butschi 751 Kirby Ct SE CR	—	100 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	James & Anne Fitzpatrick 20 Fitzpatrick Ct NW CR	—	100 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Tony Manatt PO Box 186 Dewitt, Ia	—	100 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Eric & Patricia Miles 7410 Normandy Dr. NE CR	—	35 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Chuck Murphy 717 East Post Rd SE CR	—	25 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Jerry Ovel 2058 Foxbourne Dr SE CR	—	250 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Lyke & Nancy Prunese 2120 Lenmar Dr. NE CR	—	25 <sup>00</sup>	<input type="checkbox"/>

SUB-TOTAL

\$ 883.12

**TOTAL (if last page of this schedule)**

\$

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For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens for Pate Committee*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11-1-03	ID# CK#	Scott & Diane Ryan 4091 Brookside Dr. Mason, Ia	—	\$ 50 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Bill & Barbara Skagman 1502 Arizona Ct NE CR	—	25 <sup>00</sup>	<input type="checkbox"/>
11-7-03	ID# CK#	Perry Smith 1820 30 <sup>th</sup> St Dr SE CR	—	100 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Greg & Debbie Neumeier 1685 Mackenzie Dr. NE CR	—	50 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Ralph & Kathy Russell 4415 Beaver Hollow SE CR	—	250 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Don Kaas 3125 30 <sup>th</sup> St Dr SE CR	—	50 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Jerry & Judy Mroczynski 4848 Oak Grove Ct NE CR	—	100 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Cassandra Jensen 100 Thompson Dr. SE CR	—	25 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# 8026 CK#	IBEW PAC 1125 15 <sup>th</sup> St NW Washington, DC	—	500 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Bernie & Susan Friedl 1650 Berry Drive SE CR	—	25 <sup>00</sup>	<input type="checkbox"/>

SUB-TOTAL

\$ 1175<sup>00</sup>

**TOTAL (if last page of this schedule)**

\$

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Page 4 of 5  
(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen for Pate Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-1-03	ID# CK#	Jim Lamb 2835 Silver Oak Trail Mason, Ia	—	\$ 250 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Aug : Jerri Wondler 3580 Cottage Grove Ave SE CR	—	50 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Darryl : Amy High 4131 Woodridge Dr. CR	—	200 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Jerry : Shelley Ask 443 Stoney Creek Rd NW CR	—	25 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Tom Kelly PO Box 5104 CR	—	30 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Tom : Joan Bir 624 Nilsen Rd NE CR	—	50 <sup>00</sup>	<input type="checkbox"/>
11-1-03	ID# CK#	Jack : Sarah Else 534 Vernon Dr. SE CR	—	50 <sup>00</sup>	<input type="checkbox"/>
11-8-03	ID# CK#	Bruce Johnson : Diane Ramsey 514 Fairview Dr. SE CR	—	100 <sup>00</sup>	<input type="checkbox"/>
11-8-03	ID# CK#	Larry : Lois Sloan 2188 Dawn Dr. Mason	—	100 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 855<sup>00</sup>

TOTAL (If last page of this schedule)

\$ 4838.12

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Page 5 of 5  
(for Schedule A)



FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Pate Committee*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-31-03	ID# CK# 1116	Cornerstone Press Center Point Rd Hawatha, Ia	Printing of brochures	\$1272.60
11-4-03	ID# 1117 CK#	Hy Vee Food Stores Mason, Iowa	Food for campaign event	121.95
11-5-03	ID# 118 CK#	Sams Club Blair Ferry Rd Cedar Rapids	Food For Campaign Event	192.03
11-5-03	ID# 1119 CK#	Jane Pate 6801 Bowman Ln CR	reimbursement for postage	15.41
11-10-03	ID# 1120 CK#	Paul Pate 6801 Bowman Ln NE CR	reimbursement for campaign event supplies	27.24
11-10-03	ID# 1151 CK#	Postmaster CR, Iowa	Stamps	37.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1666.23
TOTAL (if last page of this schedule)				\$ 1666.23

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Pate Committee

SCHEDULE  
**E**  
(Rev. 06/97)

IN KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11-4-03	Rick Stickle Box 5399 Ct. La	—	Billboard Rental	\$ 350 <sup>00</sup>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

350<sup>00</sup>

TOTAL (if last

\$

page of this  
schedule)

350<sup>00</sup>

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Pate Committee

SCHEDULE

**F**

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAY☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2000<sup>00</sup>PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ \_\_\_\_\_

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
11-10-03	Paul Pate 6801 Bowman Lane CR	Self	\$ 2000 <sup>00</sup>

TOTAL CASH REPAYMENTS (PART II) \$ 2000<sup>00</sup>

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ \_\_\_\_\_

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.